



Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:					
Dudley					
Application No. 10/787,071					
Filed: February 25, 2004					
Title: Method for Treating Erectile Dysfunction and Increasing Libido in Men					
Attorney Docket No. 04251764	Art Unit: 1617				
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>David B. Fournier</td><td>51,696</td></tr></tbody></table>		Name	Registration Number	David B. Fournier	51,696
Name	Registration Number				
David B. Fournier	51,696				
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>					
SIGNATURE of Practitioner of Record					
Signature	<i>Joseph A. Mahoney</i>	Date November 18, 2004			
Name	Joseph A. Mahoney	Registration No., if applicable 38,956			
Telephone	(312) 701-8979				

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.